

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1950

BIRTH NO.		REG. DIST. NO. <u>8891</u>		PRIMARY REG. DIST. NO. <u>5330</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Osage Township</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Osage township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Cotner Home, Sligo, Mo.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>D.</u>		c. (Last) <u>BUTTS</u>	
4. DATE OF DEATH		(Month) <u>January</u>		(Day) <u>2</u>		(Year) <u>1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 4, 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR Months <u>.....</u> Days <u>.....</u>	11. IF UNDER 24 HRS. Hours <u>.....</u> Min. <u>.....</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>U. S. A. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jim Butts</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Martha ann Butts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Cotner</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>.....</u> DUE TO (c) <u>.....</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1943</u> , 19 <u>.....</u> , to <u>1-2-50</u> , 19 <u>.....</u> , that I last saw the deceased alive on <u>12-26</u> 19 <u>49</u> , and that death occurred at <u>.....</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Luciford, M.D.</u> (Degree or title)				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>1-4-50</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <u>Jan. 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sligo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sligo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-10-50</u>		REGISTRAR'S SIGNATURE <u>.....</u>		FUNDING DIRECTOR'S SIGNATURE <u>Hobson</u>		ADDRESS <u>Shanahan Salem, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-23-50

District Health Officer No. 5,

District File Number 3-50 191

As Filed 3-24-50

MAR 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.